A 1	<u> </u>		DEPARTMEN	IT OF PU	BLIC HEALTH AND SOCIAL SERVI	ICES		_	
			DIVISION OF ENVIRONMENTAL HEALTH						
W.					D CARE FACILITY				
- TDE	y	Tanana	I		PECTION REPORT	· ·			
REASON GRADE Inspection Date:			ESTABLISHMENT NAME: GRAGE CARE CENTER BARLY CHLOGOOD DEVELOPMENT						
Follow-Up		16	Time In/Out:		OWNER/OPERATOR:	OWNER/OPERATOR:			
Complaint 10:30		10:30	11:05		DELEON GUERRERO, TEO 2 TINA				
Investigation	ation	RATING	Sanitary Permit No.: MAITE CHUD O				ment Type タティング	ER NURSORY	
		A	20000/6	,0002595	PERMIT STATUS:Valid		mporary	Expired	
	No. of Children: 4 Male D Female 24 Total Child Care License: No.: 150053 N/ Valid /						/ Provision	al / / Expired	
The	following it	ems identify	violations four	nd this da	y in the operations and facilities which	n must b	e correcte	d by the next	
Inspectic	OF SUUTIE	as the Dep	equest for hea	ates. INON aring mus	n-compliance may result in downgradir at be submitted before the indicated co	ng or pe prrection	rmit suspe date.	nsion. To appeal	
ITEM*	_ = _	REMARKS					DEMERIT CORRECT BY		
	A- REGU	LAR, DUI	TRIBILLY I	NSPECTU	ON WAS CONDUCTED TODAY	. THE	13 10 11	a started	
	1	•			-) ON INSPECTION DATED BY				
					ING NEW VIOLATIONS WER	* /			
		ית מיטר עפ		P. P.					
							_		
P	अंगर्स,	SEEPING	THYOVEH 1	NE WA	HL IN THE INFINIT AREA UNI	DER.	2	01/04/10	
	गाट हार	SSINK (N	IEXT TO CH	TNEING	STATION); CRACKED WATE	L			
						GHQD	2711		
	THE DOOR.					11 75=	i= <u>j</u> = i		
<u>L</u> _	wous	STALL &	E MAINTM	NED IN	GOTO REPAIR.	111	N-ULA		
	H _p -1					NIX I			
24	MERM	meTer.	NOT PHOUL	059 Fo	K RITUTION REFRIGERATOR	2.		cas	
					ED TO PROPERLY MONITOR	-	3 2 1 1 1 1 1		
					ATARDONS POOD STONAGE.			III E IIE EAIM	
					WAS IMMEDIATELY PURCHASE	en her	NIDED.		
					0100 1 2111 -1 1 1 -1 -1	//			
29	PRESENC	E OF GATE	PATWEET	V DIE L	UNIL AND PLOOR IN THE INF	HUT	2	01/04/16	
	r	UNDE		11-11					
			7.7.0	700 101	TELY PROTECTED FROM PETT			U-H-H-H-H-H-H-H-H-H-H-H-H-H-H-H-H-H-H-H	
31	MESEN	CE OF CL	UTTER SUG	A-MI L	HULED INSPRUCTION MAT	TEXAL	12 2	0//04/16	
					n(s) and I am aware of the correct			_ // '/	
			llowing items		Received By (Name & Title).			1	
cited		ey shall be s of this ins	corrected wit	-		aur	- De		
(2), (4), (6	_		(27), (28), (39)	& (40).	DEH Inspector (Name & Title): している。 かんしん しんしん しんしん しんしん しんしん しんしん しんしん しんし	the I	_		

DESCRIPTION OF SUBMIC PEACES, AND SOCIAL SERVICES				
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH				
CHILD CARE FACILITY				
INSPECTION REPORT				
REASON GRADE Inspection Date: ESTABLISHMENT NAME: Regular / 12/01/2014 GLACE CANE CENTER EARLY CO.	HLOHOOD PEVELYME			
	OWNER/OPERATOR: DELEVI GUERVIENO, 150 2-71NA			
Investigation RATING LOCATION: Establishment Country Permit No.:				
20000 PERMIT STATUS:ValidTe	emporaryExpired			
No. of Children: 14 Male 10 Female 24 Total Child Care License: No.: 17013 /V/Valid /				
The following items identify violations found this day in the operations and facilities which must be inspection or sooner as the Department indicates. Non-compliance may result in downgrading or per a written request for hearing must be submitted before the indicated correction	rmit suspension. To appeal			
ITEM* REMARKS	DEMERIT CORRECT BY			
EMPTY CARBBOARD BOTHES IN THE BOLATION ROOM : BASE				
','				
BOARDS IN THE TODOUGK ROOM, PRE-K MIGH, AND INDOOR				
PLATYGRAVAD ARE BROKEN/IN DISREPATIR; CRACKED SPINNORS				
ROLLOW IN THE PLAYHOUSE IN THE OUTPOOR PLAYOROUND.				
AU THEAS, PACILITIES, AND FOUIPMENT STAU BE				
KEPT CLEAN AND IN GOOD REPAIR.				
PICTURES OF VIOLATIONS WERE THEEN.	1771			
REMOVED "A" PLACARD NO. 02/52.				
LEGUED "A" PLACTED NO.				
DISCUSSED PATTS INSPECTION REPORT WITH OWNER TEN DELLA	70/			
EUERREKO.				
	31-21			
I have read and understand the above violation(s) and I am aware of the corrective mea	asures to be taken.			
*Note: When any of the following items are cited above, they shall be corrected within Received By (Name & Title):				
10 days of this inspection: (2) (4) (6) (14) (21) (23) (24) (27) (28) (20) 8 (40)	0/			

Rev: 08/2/05 DEH-06

10 days of this inspection: (2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).

BILANI NINTHUN EPITO